



Certification Form of Epichlorohydrin and Acrylamide Usage

System I.D. #:	Treatment Plant ID # and Name:	Reporting Period /Year:
System Name:		County:

I certify that a polymer containing epichlorohydrin or acrylamide was ☐ was not ☐ used for treatment of drinking water during the reporting period.

If one was used, I certify that the maximum dosages of epichlorohydrin, acrylamide, or both, used during the reporting period are as follows:

Name of Polymer: _____ Manufacturer: _____

_____ X _____ = _____
Fraction of Acrylamide in Polymer (%/100) Dosage of Polymer (mg/L) Acrylamide Dosage (mg/L)
(Not to exceed 0.0005 mg/L)

_____ X _____ = _____
Fraction of Epichlorohydrin in Polymer (%/100) Dosage of Polymer (mg/L) Epichlorohydrin Dosage (mg/L)
(Not to exceed 0.002 mg/L)

Signature:		Date:	WTPO #:
Certification Submitted by (Print):	Email Address:	Telephone Number:	

This form must be submitted in January of each calendar year or when the chemical usage changes. Please complete one form for each polymer used and mail to the following address:

Water Quality Section
Office of Drinking Water
POB 47822
Olympia, WA 98504-7822

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).